

School Breakfast Program and Summer Food Service Program California Start-up and Expansion Grant Application

Attachment 1: Plan

Check below to indicate which grant you are applying for. If you are applying for both, check both boxes.					
<input type="checkbox"/>	School Breakfast Program (SBP)				
<input type="checkbox"/>	Summer Food Service Program (SFSP)				
<input type="checkbox"/>	Summer Seamless Feeding Waiver (SSFW)				
Name of School District or County Office of Education				Agreement Number	
				Vendor Number	
Address				Contact Name	
City and Zip + 4				Contact Title	
Telephone Number () -		Fax Number () -		E-Mail Address	
Total Grant Request (Total from all sites in this application)			SBP	\$	SFSP
				\$	

Provide the name and address of the county office of education (COE) that has jurisdiction over the school district. If the COE is the applicant, write "same as above"	
COE	CDS #
County Superintendent of Schools	Vendor #
Address of COE	
City	Zip + 4 -

Is Board approval required before accepting this grant? Yes ☐ No ☐ If yes,

Board approval is enclosed Yes ☐ Board approval will be sent to CDE by:

List by source and amount the public and private funding resources that will support SBP, SFSP, or SSFW initiation or expansion in 2003-04.

Source	Amount	Source	Amount

Describe how the school district or COE will provide funding and technical assistance for SBP or SFSP initiation or expansion sites (attach additional pages if necessary):

[illegible][illegible]

- This school district or county office of education agrees to operate the SBP, SFSP, or SSFW for not less than three years.
- The expenditure of funds from state and local resources for the maintenance of the SBP, SFSP, or SSFW shall not be diminished as a result of SBP, SFSP, or SSFW grant awards received.
- None of the schools in this application have received federal start-up funds to initiate a SBP, SFSP, or SSFW.

Date _____

Title

Fax Number
() -

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Attachment 2: Site Application

Complete this form for each applicant site. (Attach additional pages if necessary.)

Check below to indicate which grant you are applying for at this site.											
<input type="checkbox"/>	SBP Startup	<input type="checkbox"/>	SBP Expansion	<input type="checkbox"/>	SFSP Startup	<input type="checkbox"/>	SFSP Expansion	<input type="checkbox"/>	SSFW Startup	<input type="checkbox"/>	SSFW Expansion
Name of School District or County Office of Education						Agreement Number					
						Vendor Number					
Name of Site						TOTAL GRANT REQUEST FOR THIS SITE			\$		
Address						Contact Name					
City and Zip + 4 -						Contact Title					
Telephone Number () -				Fax Number () -				E-mail Address			

SBP applicants provide the following:

A	Total number of children enrolled at this site:	
B	Total number of children at this site approved for free and reduced price meals:	
C	Percentage of school enrollment approved for free and reduced-price meals (Divide B by A):	%

SFSP applicants, refer to Attachment 7 for information on site eligibility. In order to receive a SFSP/SSFW grant, each site must be eligible to participate in the SFSP.

FOR CDE USE ONLY		
This school meets all criteria and is approved for a SBP or SFSP grant (Check One)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Approved Grant Total		\$
Signature of CDE Analyst:		Date

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Attachment 3: Site Equipment Justification and Budget

Complete this form for each site for which you are requesting equipment funds.

Name of School District or County Office of Education	Agreement Number		
	Vendor Number		
Name of Site	Type of Grant		
	Start-up <input type="checkbox"/>		Expansion <input type="checkbox"/>

Describe below each item of equipment, its cost, whether it will be used for SBP, SFSP, or both and explain how the equipment will support SBP or SFSP initiation or expansion at this site. Also include justification for repairs, installation, and alterations needed to accommodate equipment. If necessary, make copies to allow space for all items.

	Equipment, Alterations, Installation, Repair, and Explanation		Circle all that apply	FOR CDE USE ONLY	
				Approved	Denied
A.		Cost \$	SBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SFSP <input type="checkbox"/>		
			SSFW <input type="checkbox"/>		
B.		Cost \$	SBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SFSP <input type="checkbox"/>		
			SSFW <input type="checkbox"/>		
C.		Cost \$	SBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SFSP <input type="checkbox"/>		
			SSFW <input type="checkbox"/>		
D.		Cost \$	SBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SFSP <input type="checkbox"/>		
			SSFW <input type="checkbox"/>		
E.		Cost \$	SBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SFSP <input type="checkbox"/>		
			SSFW <input type="checkbox"/>		
F.		Cost \$	SBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SFSP <input type="checkbox"/>		
			SSFW <input type="checkbox"/>		
	Total Equipment Costs \$				

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Attachment 4: Site Equipment Justification and Budget (Continued)

Complete this form for each site for which you are requesting equipment funds.

Name of School District or County Office of Education	Agreement Number		
	Vendor Number		
Name of Site	Type of Grant		
	Start-up <input type="checkbox"/>		Expansion <input type="checkbox"/>

Equipment costs must be prorated based upon the number of programs for which the site will use the equipment and the number of meals produced with the equipment. The information below will help you to calculate the cost of the equipment you are requesting through this SBP grant. Indicate, by checking the appropriate box below, the program(s) this site will operate during the coming year that will use the equipment being requested.

- | | |
|---|---|
| <input type="checkbox"/> School Breakfast Program (SBP) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Summer Food Service Program (SFSP) | <input type="checkbox"/> Seamless Summer Feeding Program (SSFW) |

Based on the number of programs you operate and meals served, identify the percentage of total programs and meals to use in calculating the amount of the equipment grant. Note that, for schools operating 180 days and operating the SBP, NSLP, and SFSP, the suggested percentage is 43 percent. If you use a higher percentage than is suggested, you must submit written documentation supporting the higher percentage, including the number of program operating days.

Operating SBP only = 100%	Operating SBP, NSLP, and SFSP = 43%
Operating both SBP and NSLP = 50%	Operating SFSP/SSFW only = 14%

Instructions for calculating your equipment budget:

- In Column 1: List each item of equipment to be purchased.
- In Column 2: Place an "X" if the item listed in Column 1 is a replacement item.
- In Column 3: Provide the full cost of each item of equipment after taxes.
- In Column 4: Enter the percentage for which you plan to use the equipment.
- In Column 5: Enter the total equipment cost to be applied to the SBP by multiplying Column 3 by Column 4.

Column 1 Item	Column 2 "X" If Replacement	Column 3 Full Cost of Item		Column 4 % Used		Column 5 Total Per Item
A. _____	_____	\$ _____	x	%	=	\$ _____
B. _____	_____	\$ _____	x	%	=	\$ _____
C. _____	_____	\$ _____	x	%	=	\$ _____
D. _____	_____	\$ _____	x	%	=	\$ _____
E. _____	_____	\$ _____	x	%	=	\$ _____
F. _____	_____	\$ _____	x	%	=	\$ _____
Total		\$ _____				\$ _____

Attachment 5: Site Outreach and Promotion Justification and Budget

Name of School District or County Office of Education	Agreement Number			
	Vendor Number			
Name of Site	Type of Grant			
	Start-up <input type="checkbox"/>		Expansion	<input type="checkbox"/>

	Description		FOR CDE USE ONLY	
			Approved	Denied
A.	_____	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>

B.	_____	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>

C.	_____	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>

D.	_____	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>

E.	_____	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>

F.	_____	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>

	Total Outreach and Promotion Costs		\$	

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Attachment 6: Site Training and Other Costs Justification and Budget

Complete this form for each site for which you are requesting funds for training and other costs.

Name of School District or County Office of Education	Agreement Number		
	Vendor Number		
Name of Site	Type of Grant		
	Start-up <input type="checkbox"/>		Expansion <input type="checkbox"/>

List your training plans and their cost. Also list and provide costs for any other expenditure planned for these funds. Briefly describe how each item will support SBP, SFSP, or SSFW initiation or expansion activities:

	Description		FOR CDE USE ONLY	
			Approved	Denied
A.	<u> </u>	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>
	<u> </u>			
	<u> </u>			
B.	<u> </u>	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>
	<u> </u>			
	<u> </u>			
C.	<u> </u>	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>
	<u> </u>			
	<u> </u>			
D.	<u> </u>	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>
	<u> </u>			
	<u> </u>			
E.	<u> </u>	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>
	<u> </u>			
	<u> </u>			
F.	<u> </u>	Cost \$	<input type="checkbox"/>	<input type="checkbox"/>
	Total Training and Other Costs	\$	<input type="checkbox"/>	<input type="checkbox"/>

**COMPARISON OF THE SUMMER FOOD SERVICE PROGRAM)
and THE SEAMLESS SUMMER FEEDING WAIVER**

Attachment 7

TOPIC	TRADITIONAL <i>SUMMER FOOD SERVICE PROGRAM</i>	SEAMLESS SUMMER FEEDING WAIVER
Eligible Sponsors	<ul style="list-style-type: none"> Must demonstrate financial and administrative capability for program operations. 	<ul style="list-style-type: none"> Same requirement.
Open and Restricted-Open Sites	<ul style="list-style-type: none"> Open to community; sites may be established at a school or non-school locations. Sites may be established where the area is considered needy. This area eligibility may be verified through the use the nearest school's free and reduced price meals data, census tracts, zoning commission, welfare departments, and state-recognized migrant organizations. Meals served free to all children attending the site. 	<ul style="list-style-type: none"> Same requirement; however, sites must be established within the school's boundaries.
Closed-Enrolled Sites	<ul style="list-style-type: none"> Sites may be established only at non-school locations. Sites may be established in needy or non-needy areas. Sponsor may claim all meals served if fifty percent of the enrollment is income eligible. 	<ul style="list-style-type: none"> Same requirement; however, the sponsor must have operated the site in the needy area during the prior year under the Summer Food Service Program (SFSP) or provide justification to operate this type of site instead of open, more inclusive sites.
Residential Camp Sites	<ul style="list-style-type: none"> Sites may participate in the SFSP; however, sponsors may only claim reimbursement for meals served to children who are income eligible. 	<ul style="list-style-type: none"> Same requirement; however, the sponsor must have operated the site in the needy area during the prior year under the SFSP or provide justification to operate this type of site instead of open, more inclusive sites.
Application and Budget Requirements	<ul style="list-style-type: none"> An annual application and budget of anticipated operational and administrative costs must be submitted for state approval. All receipts are kept for documentation of program expenses. Only program-specified expenses may be claimed. 	<ul style="list-style-type: none"> Eliminates the submission of the budget. Waiver is required per site. All waiver activities are performed under the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) agreements. Continues the collection and retention of receipts, invoices, and travel logs.
Duration of Approval	<ul style="list-style-type: none"> One year. 	<ul style="list-style-type: none"> Approval good through Fiscal Year 2003-2004.
Types of Meals	<ul style="list-style-type: none"> Breakfast Lunch/Supper Snack (a.m. or p.m. supplement) 	<ul style="list-style-type: none"> Same requirement.
Commodity Entitlement	<ul style="list-style-type: none"> 0.0150 cents per lunch/supper served. 	<ul style="list-style-type: none"> 0.1802 cents per lunch served.

TOPIC	TRADITIONAL <i>SUMMER FOOD SERVICE PROGRAM</i>	SEAMLESS SUMMER FEEDING WAIVER
Reimbursement Rates	<ul style="list-style-type: none"> SFSP operating and administrative rates apply. State Meal funds-none. 	<ul style="list-style-type: none"> NSLP/SBP free reimbursement rates apply. State Meal funds included.
Monitoring Required by SFA (sponsor)	<ul style="list-style-type: none"> Pre-operational monitoring visits. First-week monitoring visits. First four weeks of operation visits, and then monitor at a “reasonable” level. 	<ul style="list-style-type: none"> Single review within three weeks of start of operations.
Monitoring Required by State	<ul style="list-style-type: none"> Subject to review by state at least once every three years (or more frequently based on program size/prior problems identified by state). 	<ul style="list-style-type: none"> Coordinated Review Effort every five years; at least one seamless site reviewed.
Meal Counting	<ul style="list-style-type: none"> At point of service, first and two percent of seconds. 	<ul style="list-style-type: none"> At point of service, one meal per child per meal type.
Training	<ul style="list-style-type: none"> Required annual state training. School Food Authority (SFA) local training of staff. 	<ul style="list-style-type: none"> No state-required training at this time. Local training of staff by sponsor is required.
Reporting Site Additions and Changes	<ul style="list-style-type: none"> A Site Information Sheet is required for all site additions. Report site closures. Report and obtain pre-approval for meal service time changes. Report and obtain pre-approval for scheduled field trips. 	<ul style="list-style-type: none"> A waiver is required for all site additions. Report site closures. Report meal service time changes. Not required to report scheduled field trips.
Meal Pattern	<ul style="list-style-type: none"> Meal pattern must meet Title 7, Code of Federal Regulations 225.16 (d) standards (schools may use NSLP and/or SBP meal patterns). 	<ul style="list-style-type: none"> NSLP/SBP/Snack meal pattern requirements.
Eligible Participants	<ul style="list-style-type: none"> Children 18 years and under in low-income areas, and for individuals 18 years and older who meet the state agency definition of having a mental or physical disability. 	<ul style="list-style-type: none"> Same requirement.
Public Notification	<ul style="list-style-type: none"> Sponsor is required to send public media notice regarding program and eligibility. 	<ul style="list-style-type: none"> No public notification required by sponsor. Waiver application must explain how each site, excluding closed sites, will advertise program to community.
Claiming	<ul style="list-style-type: none"> Meals multiplied by meal rate or actual costs, whichever is less. 	<ul style="list-style-type: none"> Claiming procedure used during regular school year in NSLP/SBP.
Miscellaneous	<ul style="list-style-type: none"> SFSP meals served do not count toward severe needy breakfast of two-cent differential. 	<ul style="list-style-type: none"> Eligible free lunches served during summer months count towards severe needy breakfast and two-cent differential. Meal caps not required.